ALBERTA'S AGING POPULATION: TRENDS AND IMPLICATIONS

Alberta Senior Citizens Secretariat

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Demographic Trends[1]

Present and Future Numbers and Proportion of Seniors

Alberta is aging, as is Canada as a whole--that is the number of older people, people age 65 and over, is increasing at a more rapid rate than the numbers of the total population.

In 1986 Alberta was the youngest province in Canada--that is, it had the smallest proportion of persons age 65 and over in its population. The 191,325 persons were 8.1 percent of the Alberta population, while seniors were 10.6 percent of the population of Canada as a whole (Table 1).

But being "youngest" does not mean that the numbers of older people in Alberta have not been increasing. On the contrary, they have increased a good deal, as Figure 1, shows, between 1931 and 1986, and Figure 2 shows the growth from 1966 and the projected increase up to 2016.

As is shown in Figure 1, from 1951 until 1981 there was little change in the proportion of seniors in the population. This was because of the very high migration to Alberta of younger persons. Between 1981 and 1986, this high migration decreased, and the proportion of seniors rose from 7.3 percent to 8.1 percent. The Alberta Bureau of Statistics estimates that, as of October 1989, persons age 65 and over numbered 218,100 and were 8.9 percent of the population.

It is difficult to project the size of the senior population in the future and its percentage in the Alberta population. Fertility, mortality and migration patterns must all be taken into account, and in Alberta it is very difficult to predict what the future migration patterns will be. We have a mobile population. However, the Alberta Bureau of Statistics suggests (in its medium growth scenario) that by 2016 there will be 471,500 seniors, representing 14 percent of the population of the province.

What is of most interest, especially to those who are working in health and social services, is the increase in the numbers and proportion of very old people--that is people who are age 85 and over, who as of 1986 numbered 16,365 persons.

The numbers in this age group are increasing and at an even faster rate than the numbers of seniors as a whole. In 1951 persons age 85 and over were not quite 4 percent of the seniors, as of 1986 they were 8.5 percent of this group, and they will be 12 percent of all seniors in 2016, more than three times as many persons as in 1986 (55,900 persons).

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1 Much of the information in this section is from "Older Albertans, 1988," a paper prepared by the Senior Citizens Secretariat in June 1989, published by the Seniors Advisory Council for Alberta.

Table 2 shows the projected growth rate of the various age groups in the population over the 30 year period between 1986 and 2016. Seniors are projected to grow at a rate of 146 percent between 1986 and 2016 and the over 85 age group at a rate of 243 percent, while the projected growth rate of the population under age 65 is only 29 percent.

Life expectancy

One of the reasons for the increase in the senior population is that many more people are living to old age. The average life expectancy at birth has been steadily increasing. By 1986 the average life expectancy at birth had risen to 73.3 years for males and 80.3 years for females, compared to 68.9 and 74.4 in 1956. It is projected that, by 2011-2016, these figures will be 78.5 for males and 83.7 for females (Figure 3).

There is a considerable gap between men and women. Only when men reach the later years of life does this gap close somewhat. Men at age 80 have on the average 7 years of life remaining compared to only 8.9 for the women at that age. The discrepancy in average life expectancy at birth between males and females may lessen a little, due to the fact that the mortality rate for men is dropping faster than that for women. Some researchers have suggested that the recent emphasis on healthy lifestyles may be in part responsible for this.

Male/female ratios

It is interesting that up until the census of 1976 there were always more older men than older women in Alberta. In 1976, for the first time, there were slightly more women, and as of 1986 about 56 percent of the senior population was female. With increasing age women increasingly outnumbered men (Figure 4). There were still more older men than older women in the northern regions of our province.

The age and sex structure of the Alberta population is changing and will be changing even more in the future. Figure 5 gives a picture of the age structure of the Alberta population in 1986 along with a picture of what it will be like in 2016.

Marital status

In view of the differences in life expectancy, it is not surprising that there were, in 1986, great age and sex differences in marital status (Table 3). Most older men were married (three-quarters of them), while half of the older women were widowed. Among women age 85 and over, 86 percent were widowed. There was little change in these percentages from earlier years.

Living arrangements

Marital status affects the ability to live independently. Having a spouse definitely helps to prevent institutionalization. Information from the 1986 census shows that the majority of Alberta's seniors were living in a family situation, either with a spouse, with relatives, or with unrelated families.

However, here again, there were age and sex differences. The majority of older men, 70 percent, were living with a spouse, while only 39 percent of the women were. The discrepancy between men and women increased as age increased. For all age groups more women than men lived alone--in fact over one-third (36 percent) of all older women were living alone (Table 4).

There was quite a drop between 1971 and 1986 in the percentage of seniors living with relatives, other than a spouse, or with unrelated families and an increase in the percentage living alone. This could be due to the increase in income support for older people during this time period and to the building of many subsidized apartments for seniors. However, the increase in the proportion of those living alone is a factor to be considered, as these people are less likely to have someone to rely on for support in every day living.

As age increased, the percentage of those living in collective dwellings increased. In 1986, 10 percent of all persons age 65 and over were living in collective dwellings, 9 percent of the men and 12 percent of the women, but in the age group 75 and over, 17 percent of the men and 24 percent of the women were. This was a slight drop from the percentage of all seniors in such living arrangements in 1981 (then 12 percent).

Collective dwellings is a term used by the census to cover dwellings of a commercial, institutional or communal nature such as hotels, lodges, nursing homes, auxiliary hospitals or rooming houses. People staying in active treatment or psychiatric hospitals for 6 months or longer are also included in the collective dwelling count. The percentage of seniors in collective dwellings, for Canada as a whole, was 8.6 in 1986.

Geographic distribution

Greater proportions of seniors were found in the southeastern areas of the province, and there were higher concentrations of seniors in the smaller cities and towns and villages than in Edmonton and Calgary. However, in 1986 close to half of all the older people in Alberta were living in these two major urban centres. It is interesting to note that the proportion of seniors in the farm areas of the province was quite small, not quite 5 percent.

Mother tongue

The mother tongue of the majority of seniors, in 1986, was English, as table 5 shows. There were sizeable proportions whose mother tongue was either German or Ukrainian. This information would indicate that there may be a sizeable minority of older people who may be more comfortable in a language other than English.

Home ownership

The majority of the seniors in Alberta who were not living in a facility such as a lodge or a nursing home owned their own dwellings, though, as one would expect, home ownership did decline in the older age groups (Table 6). Home ownership was also lower in Edmonton and Calgary than in the remainder of the province. The majority lived in single, detached houses (Table 7).

Education, employment, income

The 1986 census did not obtain information on educational level (formal schooling), labour force participation and income from persons living in collective dwellings. This is unfortunate as it severely limits the information about persons age 85 and over, for a large percentage of this age group was living in collective dwellings.

However, for those not living in collective dwellings, the 1986 census shows only 28 percent of all the seniors had secondary graduation or more. This was higher, though, for younger seniors; 35 percent of persons age 65 to 74 had reached this level of schooling.

Of the seniors not living in collective dwellings, 21 percent of the senior men and 7 percent of the senior women reported being employed. Farming appeared to be the major occupation of men who were working. Even in the age 85 and over group, 5 percent of the men, in 1981, reported that they were farming.

In 1986, the median reported household income of seniors not living in collective dwellings was $16,481; the average income was $23,823; in 1981, these figures were: median $15,512, average $23,562.

The increasing level of income is also reflected in the data provided by Health and Welfare Canada on Old Age Security (OAS) recipients, about 98 percent of the senior population.

There has been a decline in the percentage of OAS recipients reporting low enough incomes that they were receiving income supplementation from the federal and provincial governments. Between 1975 and 1989, this dropped from 57 percent to 44 percent. As of December 1989 only 7.1 percent of the OAS recipients were receiving maximum income supplementation; that is, they had reported that they had no income other than the OAS benefit. This percentage was 23 percent in 1975 (Table 8 and Figure 6).

The main reason for the decline in those receiving income supplementation is no doubt the fact that people retiring now, who have been employed, are able to receive benefits under the Canada Pension Plan, and more retirees have had private pension plans.

There were noticeable age and sex differences in those receiving income supplementation (Figure 7). Women were more likely to receive income supplementation, as were persons over age 80.

There were also differences among various regions of the province in the percentage of seniors receiving federal and provincial income supplementation, with the northern areas having the highest percentage of seniors receiving such help (Tables 9 and 10).

The guaranteed minimum monthly income for Old Age Security recipients in Alberta, as of January 1990, is $839.20 ($10,070.40 annual) for those who are single and $1,396.60 (16,759.20 annual) for a couple, both pensioners. This is the highest guaranteed income for pensioners among the provinces in Canada.

Health status

Information from studies, from the use of hospitals and from mortality data indicates that heart disease, cerebrovascular problems, cancer, arthritis and accidental injuries are among the most common health problems.

Estimates from other jurisdictions suggest that from 15 to 30 percent of the seniors have some functional limitations and may be in need of some assistance in carrying out the tasks of daily living.

According to the Canadian Health and Activity Limitation survey conducted in 1986 and 1987, 47 percent of persons age 65 and over in Alberta had some disability.[2] However, in another survey, when asked to rate their health, 48 percent of Alberta seniors rated it as good and 17 percent as excellent.[3]

In general and for Canada as a whole, going out or doing housework were the major areas in which older people had dependency needs. The General Social Survey, conducted by Statistics Canada in 1985, provides some information on the types of assistance needed by non-institutionalized older people in Alberta. As shown in Table 11, the major form of help needed by persons, both those age 65-74 and those age 75 and over, was yard work. As would be expected, there was quite a noticeable increase in the percentage of those needing support in the over 75 age group.

In 1986 the Alberta Senior Citizens Secretariat tried to locate all the surveys of older people which have been done in Alberta since 1980. In almost all of the ones reviewed, older people were asked about perceptions of their health. Most older people (all of whom were living in the community as the surveys did not include institutionalized elderly) indicated that they felt their health was satisfactory or quite good. Almost uniformly they indicated that they wished to live as independently as possible and would consider moving to a lodge or a nursing home only if their health declined. In one survey, older people indicated that non-medical support services were the most important services in assisting them to live independently.[4]

As would be expected in view of the increase in chronic illness and dependency in the later years, seniors are the major users of the services called long term care services--home care, nursing homes and auxiliary hospitals--and of hospitals. In 1987, older people were 87 percent of the users of home care, 94 percent of the residents of nursing homes, and they used about 83 percent

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2 Disability was defined as "in the context of health experience, a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being."

3 Alberta Bureau of Statistics, General Social Survey: Health and Social Support, 1985, Alberta. Secondary Data Analysis of Statistics Canada Survey.

4 Regional Interdisciplinary Steering Committee for Geriatric Services in the North Peace River Region, A New Beginning: A Review of the Needs of Seniors in the North Peace Region, June 1986.

of the patient days in auxiliary hospitals and 40 percent of the patient days in active treatment hospitals.

If the trends continue there will be an increasing proportion of very old women living alone, and older people living alone may be in a greater need of support because there is no immediate help available on an every day basis.

With the changes in family structure (more divorces) and an increasing proportion of women in the work force, there may be fewer informal supports available to older people in the future. Additionally, a number of the "children" of seniors may well be seniors themselves as more and more people, especially women, are living into their nineties.[5]

One could, therefore, predict a very gloomy future with a need to greatly increase all health and social services for the elderly. However, that assumes that seniors will continue to have the same needs and that we will continue to provide the same services in the same way as in the past.

Social and Health Trends

There are other trends that lead us to believe that the future may not be quite so bleak and that the needs of future seniors may be somewhat different than the needs of the present generations of older people. These trends suggest that we should look at different services, and at different ways of providing services in the future. Yet another factor that should lead us to look at different ways of providing services is the increasing need to restrain the growth of public expenditures.

Health

The first and most important trend that we should consider is being reported by demographers and gerontologists in both Canada and the United States. The Canadian demographers Leroy Stone, Susan Fletcher and Susan McDaniel in their recent publications are all suggesting that there is a consistent and substantial trend toward better relative health among older people. Stone and Fletcher in their publication point out the improvement in the health practices of seniors.[6] McDaniel suggests that "older Canadians are becoming healthier, living longer, adjusting to their chronic illnesses better and finding new approaches to any long-term care needs that arise."[7]

Education and financial status

Along with this, seniors are becoming better-educated, or at least younger seniors have more formal schooling. In addition they appear to be somewhat

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5 Stone, L.O. and Fletcher, S. (1986). The Seniors' Boom: Dramatic Increases in Longevity and Prospects for Better Health. (Catalogue No. 89-815). Ottawa: Minister of Supplies and Services.

6 Ibid.

7 McDaniel, S. (1986) Canada's Aging Population. Toronto: Butterworths.

better off financially. As mentioned earlier, younger seniors have more years of schooling and there is a drop each year in the percentage of pensioners receiving income supplementation, though this may change if more middle-aged Albertans become unemployed and do not make pension contributions. More education and greater financial security generally are connected with better health. According to McDaniel, disability-free life expectancy is, on average, 7.7 years longer for those who are better off than for those who are poor.[8]

Although there will be a greater proportion of older people in our population, in particular a greater proportion of very old people who are the heaviest users of costly health services, it is felt that the need for increasing these services will be at least partially offset by relative better health among the elderly.

Implications

It will be important to maintain these positive health trends--to prevent to the greatest extent possible unnecessary disability and dependency in the older population. Public health agencies will need to look at redirecting to some extent, their present emphasis on maternal and child health.[9]

The maintaining of good health in later years is dependent on many things other than professional health services.

First and foremost, we must continue to ensure an adequate income in the later years of life and work toward retirement incomes that are reasonable replacements of the average working wage, not just preventing poverty. Secondly, with increasing numbers of persons growing older, greater public education about aging, the changes it brings and how to cope effectively, will be important. We need to look at how we can ensure that older people have opportunities for creativity, for paid or unpaid work and for meaningful involvement, whatever that is for the individual--if a person feels needed, has something interesting to do, something that is involving, he or she is less likely to get sick.

Older people now are more sophisticated and assertive than the seniors of a decade ago. They have ideas. They want to be listened to and expect to be listened to. Politicians do listen to them because they represent a sizeable proportion of the voting population, and voting studies in Canada show that they vote in higher proportions than younger people.[10] We do not know how they will use their voting power in the future. It may well be difficult for governments, in an effort to restrain public expenditures, to move from

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8 Ibid.

9 On average, seniors receive 7 percent of the direct service time of community health nurses; this varies, dependent on community requests and available staff.

10 Mishler, W. (1979). Political Participation in Canada. Toronto: Macmillan.

programs with eligibility based on age to programs with eligibility related to income and need.

The mixture of longevity and relative better health trends makes it clear that it is the proportion and therefore the number of relatively well seniors that will grow. As these people develop needs for some assistance, it will be important to find ways of providing this assistance without increasing dependency. We will need to look at services other than the traditional ones we have used.

Institutional services, nursing homes and auxiliary hospitals, provide shelter, board and care of various kinds. There are ways in which housing with packages of support services could be used to provide a combination of shelter and care in a fashion that allows for more independence for older people and for greater flexibility in the provision of care.

Community care services will need to be expanded, in particular the non-medical support services. A major factor that leads to the institutionalization of an older person is the lack of support services, not the state of the individual's health. In 1986 the majority of Alberta's seniors lived in a family situation, somewhat over half with a spouse and the remainder with other relatives or unrelated families. It will be important to support and build on these most meaningful human relationships. Community care will be essential, especially when the care requirements of a senior are heavy.

Advances are being made in technology, and technical devices could be used to help provide that independence with security that all older people want. Emergency response devices and computers can aid in "assisted independence."

As was said at the Anglo-American conference on the care of the functionally dependent elderly held in Washington, D.C. a few years ago, "housing, home help, nutrition, warmth and even continuing human relationships may be far more important to active survival than all our medical technology."[11] We should remember this as we plan for and with the growing numbers of older people in Alberta.

In conclusion, we should not view the aging of our population with alarm or the growing numbers of seniors as a problem. It is, after all, a very positive sign for our society that more of us are able to live into the later years of life. The challenge facing us is how to ensure that we create the kind of environment that leads, for as long as possible and for as many of us as possible, to a healthy and satisfying survival.

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[11] "The Challenge of Caring for the Dependent Elderly." Aging International, III:3 (Autumn 1976).

TABLE 1

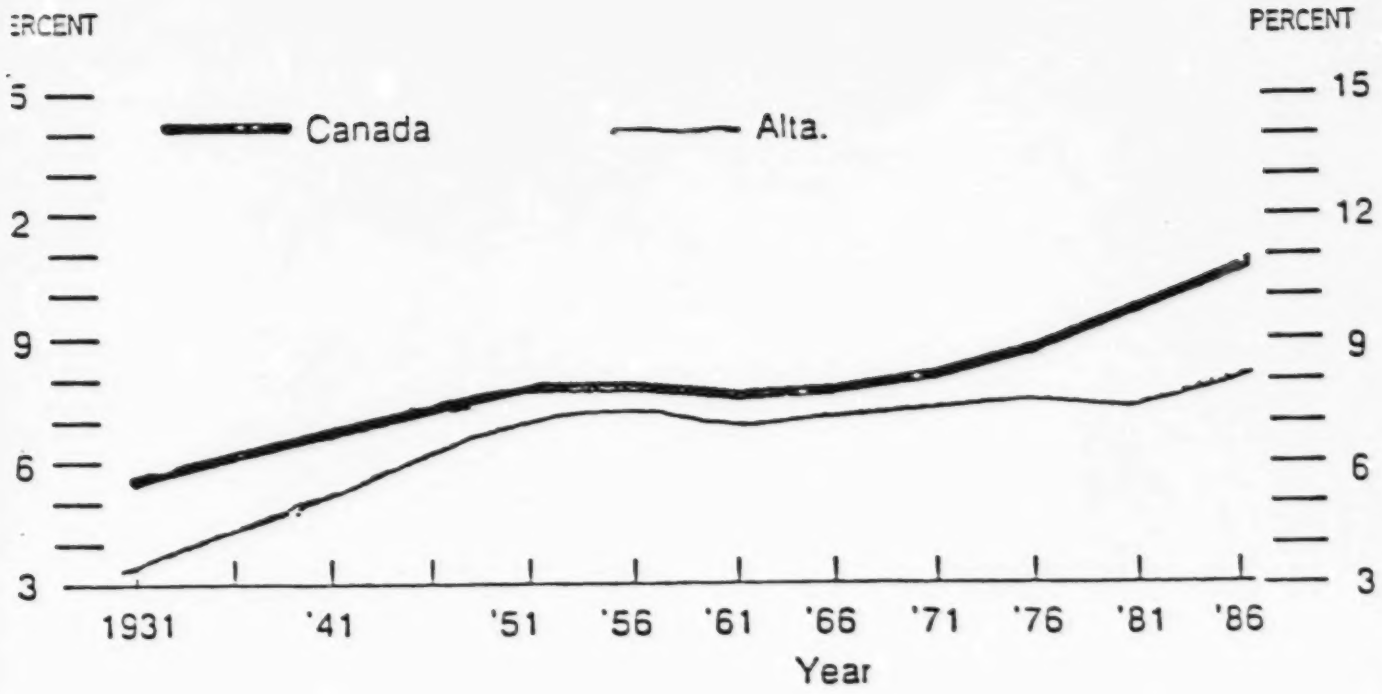
SENIOR POPULATION IN CANADA, PROVINCES, AND TERRITORIES, 1986

	Total Population #	Population 65+ #	Distribution of 65+ within Canada %	Percentage 65+ within Provinces %	Median Age
Canada	25,309,330	2,697,600	100	10.6	31.6
Alberta	2,365,825	191,325	7.0	8.1	29.2
Yukon	23,505	860	0.03	3.6	28.9
N.W.T.	52,240	1,465	0.05	2.8	23.7
B.C.	2,883,365	349,490	12.9	12.1	33.1
Saskatchewan	1,009,615	128,595	4.7	12.7	30.1
Manitoba	1,063,020	133,890	4.9	12.5	31.4
Ontario	9,101,695	992,700	36.7	10.9	32.3
Quebec	6,532,460	650,640	24.1	9.9	32.0
New Brunswick	709,445	78,730	2.9	11.0	30.5
Nova Scotia	873,180	103,835	3.8	11.8	31.2
P.E.I.	126,650	16,080	0.5	12.6	30.6
Newfoundland	568,350	49,965	1.8	8.7	27.9

Source: Statistics Canada, The Nation, Catalogue 93-101, 1986 census.

FIGURE 1

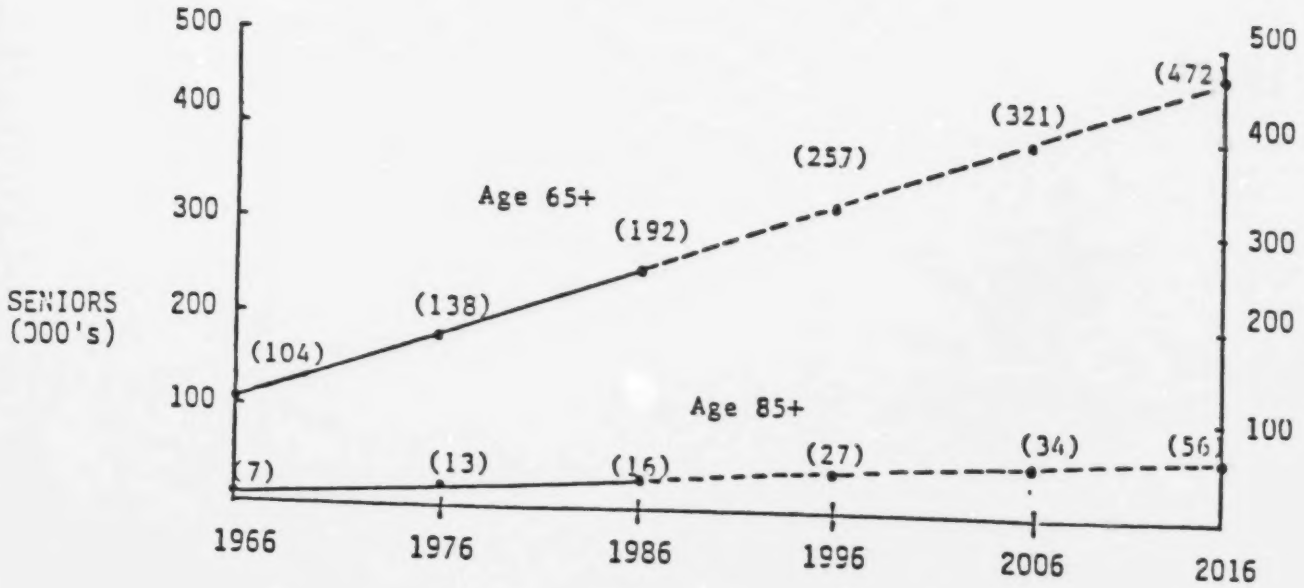
PERCENTAGE OF TOTAL POPULATION AGED 65 AND OVER,
CANADA AND ALBERTA, 1931 - 1986



Source: Dominion Bureau of Statistics, 1948; Statistics Canada, 1973B: T.7; 1982a: T.1; 1985a:Sec.D3, D4.

FIGURE 2

ALBERTA'S SENIORS AGED 65+ and 85+,
1966 - 1986 (CENSUS), AND 1996 - 2016
PROJECTIONS*



*Projections are based on Series 5.

Source: Alberta Bureau of Statistics, Population Projections Alberta 1987-2016, May 1988.

TABLE 2

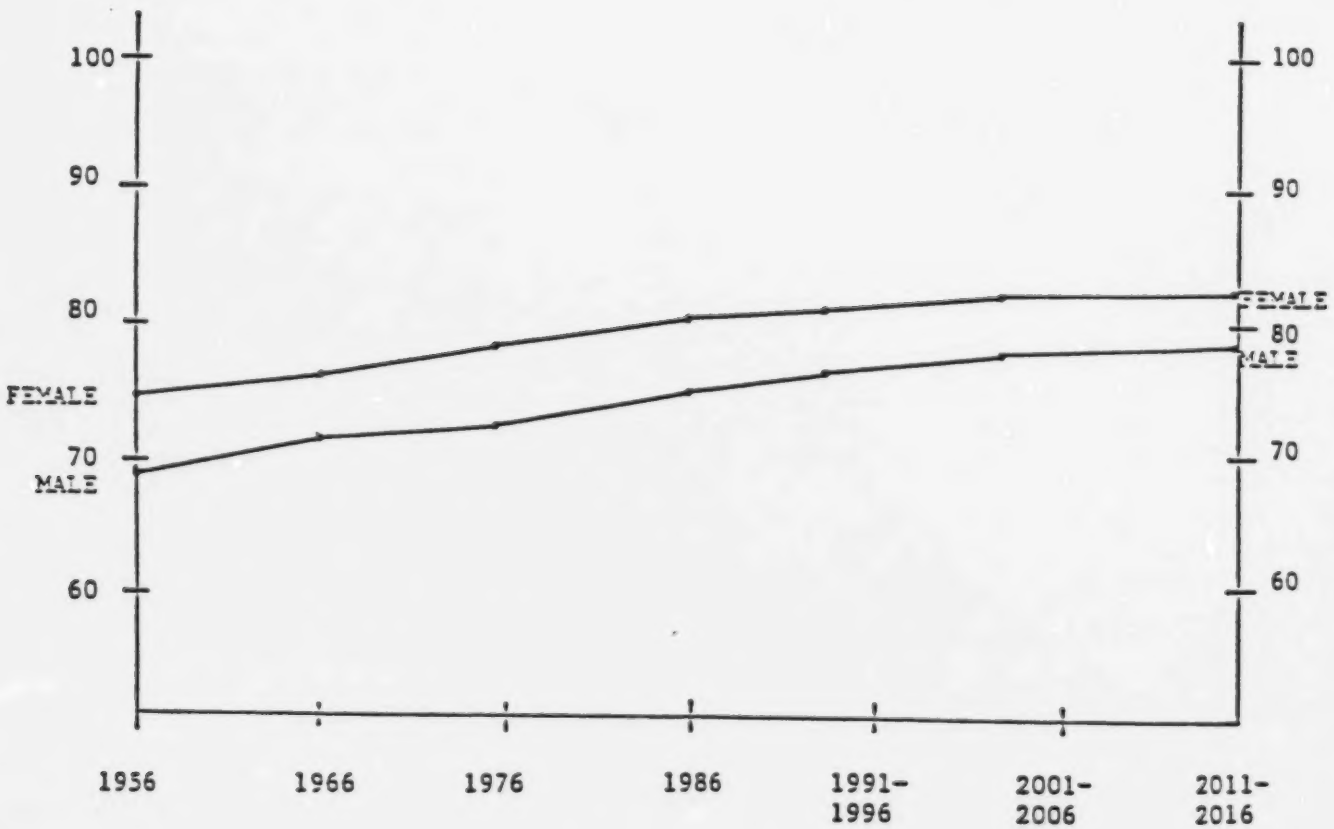
PROJECTED POPULATION INCREASE BY AGE GROUPS
1986 - 2016

Age Groups	1986 Population (census)	2016 Population (projected)	Percentage Increase %
0-14	561.3	569.3	1.4
14-24	407.0	403.2	(0.9)
25-44	814.9	944.0	15.8
45-64	391.1	887.8	127.0
65-84	175.0	415.4	137.4
85+	16.3	55.9	242.9
0-64	2174.3	2804.3	29.0
65+	191.3	471.3	146.4
Total Population	2365.6	3275.6	38.5

Source: 1986 Census; Alberta Bureau of Statistics, Population Projections 1987-2016, May 1988.

FIGURE 3

LIFE EXPECTANCY AT BIRTH FOR MALES AND FEMALES, ALBERTA
1956-1986 (actual) and 1991-2016 (projections)*

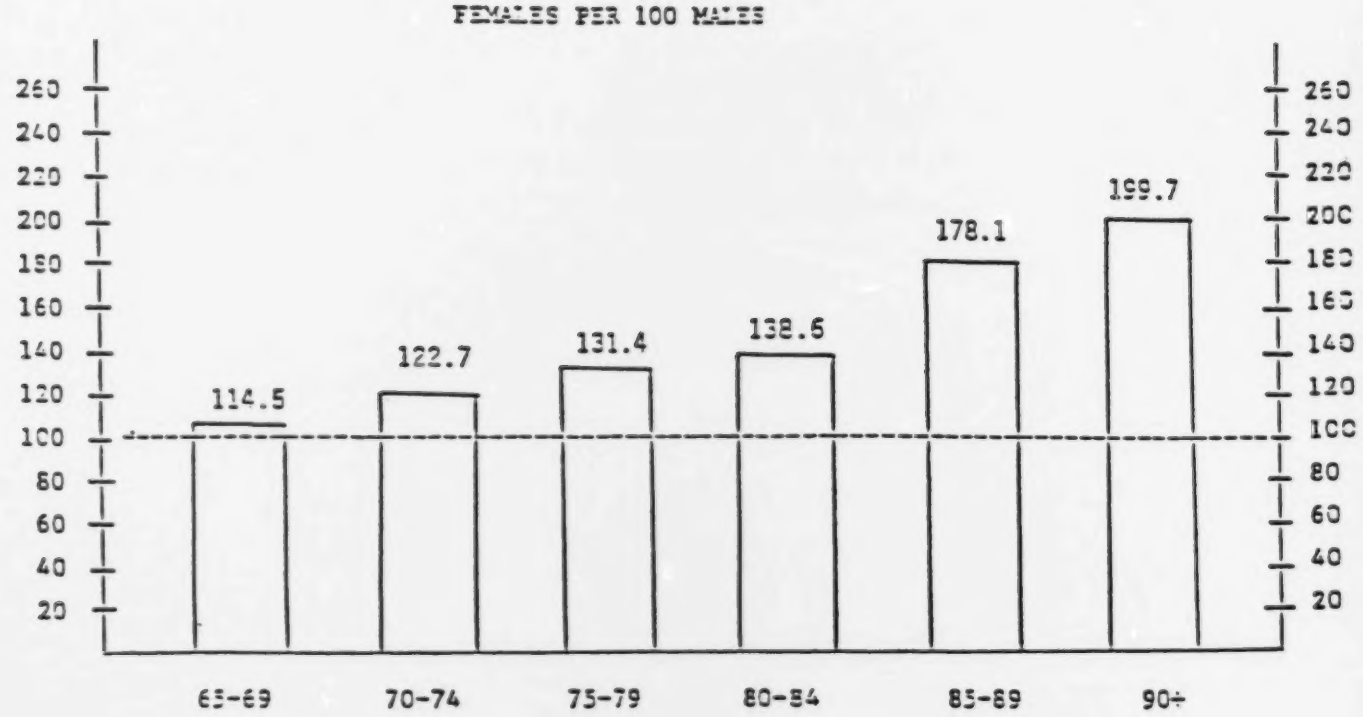


*Projections are based on Series 5.

Source: Alberta Bureau of Statistics, Population Projections Alberta, 1987-2016, May 1988.

FIGURE 4

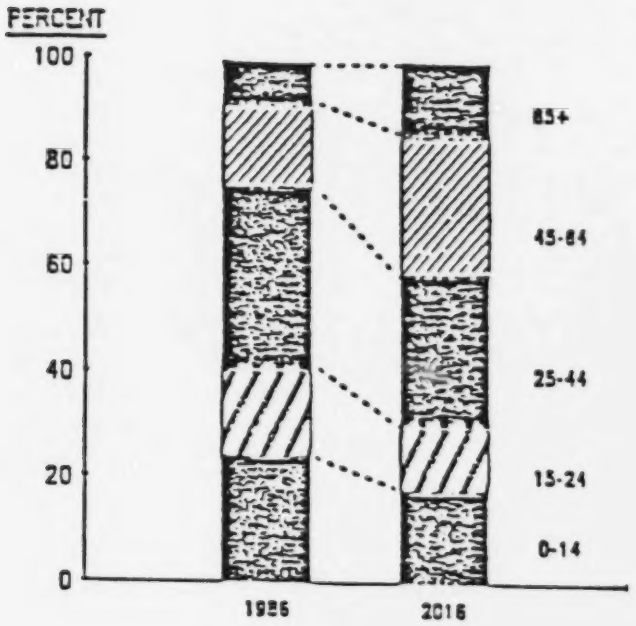
RATIO OF FEMALES TO MALES IN SELECTED AGEGROUPS, ALBERTA, 1986



Source: Statistics Canada, The Nation, Catalogue 93-101, September 1987.

FIGURE 5

ALBERTA POPULATION PERCENT DISTRIBUTION
BY BROAD AGE GROUP, 1986 AND 2016



Source: Alberta Bureau of Statistics, Population Projections Alberta, 1987-2016, May 1988.

TABLE 3

POPULATION 65+ AND 85+ BY MARITAL STATUS AND SEX, ALBERTA, 1986

	Marital Status					
	Single %	Married %	Widowed %	Divorced %	Sep. %	Total %
65+ Males	8	74	13	3	2	100
65+ Females	5	41	50	3	1	100
85+ Males	9	50	39	2	-	100
85+ Females	4	9	86	1	-	100

Source: Statistics Canada, 1986 Census Summary Tabulations, July 1987, and The Nation, Catalogue 93-101.

TABLE 4

LIVING ARRANGEMENTS OF SENIORS IN PRIVATE HOUSEHOLDS AND COLLECTIVE DWELLINGS, BY AGE AND SEX, ALBERTA, 1986

Living Arrangement	Age and Sex					
	65-74		75+		Total 65+	
	M	F	M	F	M	F
	%	%	%	%	%	%
A) Living in Nuclear Family Private Households:						
- wives	N/A	52	N/A	20	N/A	39
- husbands	77	N/A	57	N/A	70	N/A
- lone parents	1	4	2	4	1	4
- children in families *1	0.1	0.1	0.02	0	0.07	0.07
- non-family persons *2	2	4	3	6	2	5
- total	80	60	62	30	74	48
B) Living in Non-Nuclear Family Private Households:						
- with immediate relative(s)	1	1	1	1	1	1
- with other relative(s)	1	2	1	3	1	2
- with non-relative(s)	1	1	1	1	1	2
- living alone	13	32	17	41	15	36
- total	16	37	20	47	18	41
C) Living in Collective Dwellings:						
- in hospitals	1	0.3	2	2	1	1
- in homes for elderly and chronically ill	2	2	15	21	7	10
- in hotels, motels, rooming houses, etc.	0.3	0.1	0.4	0.1	0.4	0.1
- in other collective dwellings	0.3	0.5	0.2	0.5	0.3	0.5
- total	3	3	17	24	9	12
D) Total of All Living Arrangements:	100	100	100	100	100	100

* Totals may not add up due to rounding.

* 1 Seniors living with their own parents.
* 2 Seniors living with a nuclear family other than their own.

Source: Statistics Canada, 1986 Census.

TABLE 5

MOTHER TONGUE OF POPULATION 65+, ALBERTA, 1986

Mother Tongue	%
English	63.7
German	7.7
Ukrainian	7.3
English and other	5.4
French	2.7
Scandinavian	2.0
Chinese	1.7
Polish	1.4
Dutch	1.3
Hungarian	0.7
Italian	0.7
Cree	0.5
Other	5.0
	100.0%

Source: Statistics Canada, The Nation: Language, Part 1. Catalogue 93-102, 1986 census.

TABLE 6

PRIVATE DWELLINGS BY AGE OF HOUSEHOLD MAINTAINER AND TENURE TYPE, ALBERTA, 1986

Tenure Type	Age			
	65-74 %	75-84 %	85+ %	65+ %
Owned	76	67	64	72
Rented	24	33	37	28

Source: Statistics Canada, 1986 census.

TABLE 7

TYPE OF DWELLING BY AGE OF HOUSEHOLD MAINTAINER
(PRIVATE DWELLINGS ONLY), ALBERTA, 1986

Dwelling Type	Age			
	65-74 %	75-84 %	85+ %	65+ %
Single, detached house	72	65	64	69
Apartment, 5 or more storeys	7	12	14	9
Movable dwelling	2	1	1	2
Other	19	22	24	20
Total**	100	100	100	100

* Totals may not add up due to rounding.

**100% does not include seniors living in collective dwellings.

Source: Statistics Canada, 1986 Census.

TABLE 8

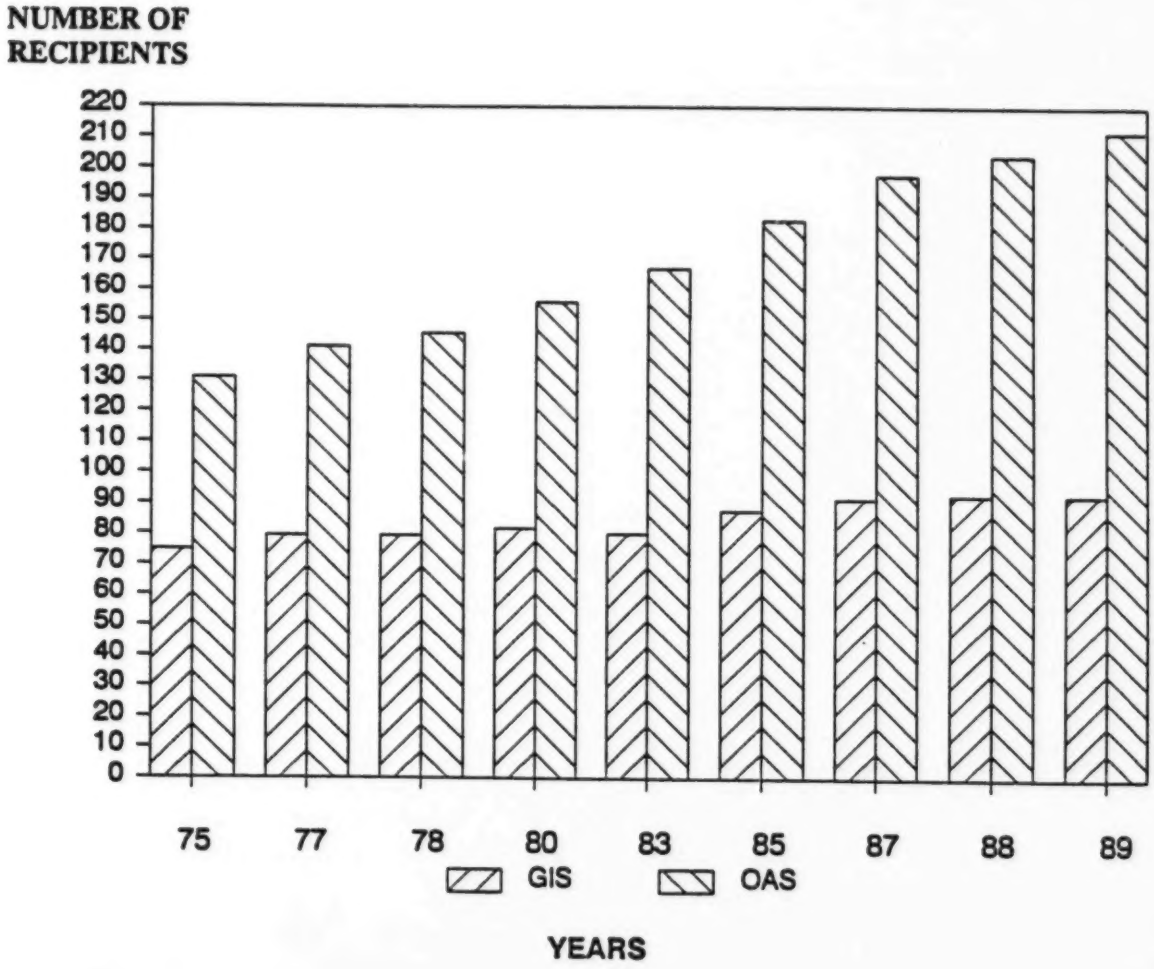
NUMBER OF RECIPIENTS OF OLD AGE SECURITY (OAS), GUARANTEED INCOME SUPPLEMENT (GIS), MAXIMUM GUARANTEED INCOME SUPPLEMENT AND PERCENTAGE OF SUPPLEMENTATION, ALBERTA, 1975 - 1988

	OAS #	GIS #	GIS/OAS %	MAX/GIS #	MAX/GIS %
August 1975	130,868	74,864	57.2	29,810	22.8
December 1977	141,115	79,551	56.4	27,571	19.5
December 1978	145,709	79,514	54.6	26,043	17.9
December 1980	155,923	81,980	52.6	23,028	14.8
December 1983	166,951	80,067	48.0	18,330	11.0
December 1985	183,017	87,570	47.8	17,674	9.7
December 1987	197,661	91,603	46.3	16,627	8.4
December 1988	204,135	92,756	45.4	15,869	7.8
December 1989	211,316	92,731	43.9	15,129	7.1

Source: Health and Welfare Canada

FIGURE 6

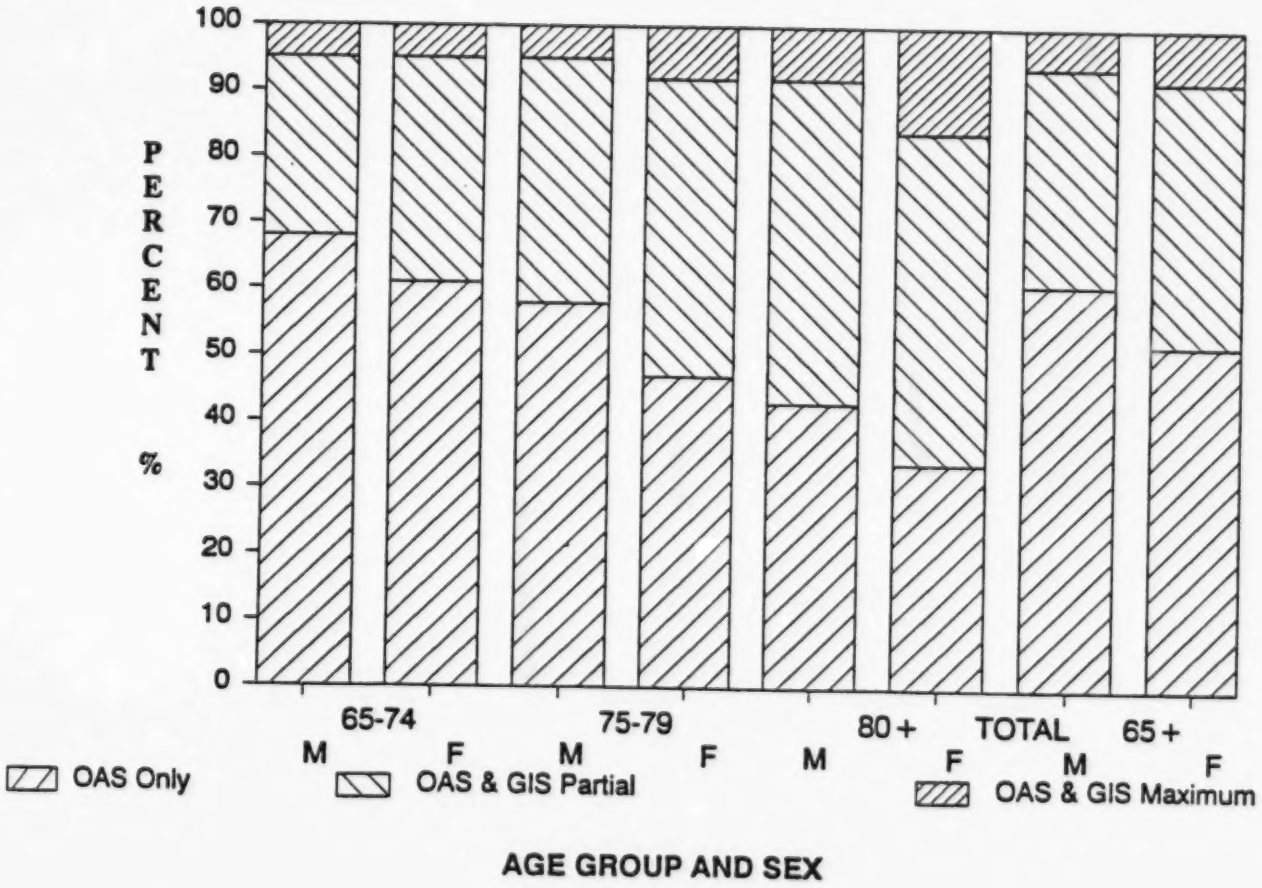
NUMBER OF RECIPIENTS OF OLD AGE SECURITY (OAS) AND INCOME SUPPLEMENT (GIS) ALBERTA, 1975-1989



Source: Health and Welfare Canada.

FIGURE 7

PERCENTAGE OF PENSIONERS RECEIVNG OAS ONLY, OAS PLUS GIS PARTIAL, AND OAS PLUS GIS MAX, ALBERTA, DECEMBER 1989, BY AGE AND SEX



Source: Health and Welfare Canada.

TABLE 9

PERCENTAGE OF SENIORS RECEIVING OAS, GIS PARTIAL, AND GIS MAX, BY INDIVIDUAL HEALTH UNIT, ALBERTA, DECEMBER 1987 and DECEMBER 1989

Health Unit		% OAS Only		% GIS Max		% GIS Partial		Region
		87	89	87	89	87	89	
6	Banff	81	81	4	4	15	15	
7	Barons/Eureka/ Warner	50	54	7	6	43	40	
8	Big Country	60	61	5		35	34	
10	Chinook	53	55	10	8	37		Southern
11	Lethbridge	58	60	5	4	37	36	Region
13	Drumheller	57	59	7	6	36	35	
15	Foothills	64	66	5	4	31	30	
21	Southeastern	53	55	5	4	43	41	
23	Mount View	58	59	7		35	34	
5	Athabasca	24	27	30	26	47	47	
16	Fort McMurray	31	34	35	31	34	35	Northern
17	South Peace	39	42	14	11	47	47	Region
18	High Level- Fort Vermilion	13	16	52	44	35	40	
25	Peace River	32		21	18	47	50	
4	Alberta East Central	52	54	7	5	41	41	
14	Alberta West Central	37	39	14	12	49	49	
19	Jasper	78	79	-	1	22	20	Central
20	Leduc/Strathcona	50	52	9	8	41	40	Region
22	Minburn/Vermilion	51	52	8	7	41	41	
24	N.E. Alberta	26	27	24	23	50		
26	Red Deer	54	55	6		40	39	
27	Stony Plain- Lac Ste. Anne	41	44	12	11	47	45	
28	Sturgeon	42	45	12	10	46	45	
29	Vegreville	31	33	14	12	55	55	
30	Wetoka	44	46	11	9	45	45	
2	Edmonton	58	61	7	6	35	33	Edmonton
3	Calgary	62	64	6	5	32	31	Calgary

Source: Health and Welfare Canada.

TABLE 10

PERCENTAGE OF SENIORS RECEIVING OAS, GIS PARTIAL, AND GIS MAX, BY REGION, ALBERTA DECEMBER 1987 & 1989

REGION	OAS Only %		GIS Partial %		GIS Max %		Total %
	1987	1989	1987	1989	1987	1989	
Northern Region	32	34	46	47	22	19	100
Central Region	45	47	44	44	11	9	100
Southern Region	56	58	38	36	6	6	100
Edmonton	58	61	35	33	7	6	100
Calgary	62	64	32	31	6	5	100
Alberta Total	54	56	38	37	8	7	100

Source: Health and Welfare Canada

TABLE 11

POPULATION AGE 65-74 AND 75+ ABILITY TO CARRY OUT SELECTED ACTIVITIES, ALBERTA 1985

AGE 65-74	Do Alone %	Could do Alone %	Needs Help %	Total %
Yard Work	32.6	31.2	36.3	100
Heavy Housework	40.6	38.2	21.2	100
Light Housework	65.7	28.8	5.5	100
Meal Preparation	54.4	39.3	6.3	100
Grocery Shopping	44.3	44.6	10.6	100
Money Management	82.4	13.0	4.5	100
Personal Care	98.3	0.4	1.2	100

AGE 75+	Do Alone %	Could Do Alone %	Needs Help %	Total %
Yard Work	29.3	22.1	48.7	100
Heavy Housework	43.2	18.4	38.3	100
Light Housework	53.0	30.0	17.0	100
Meal Preparation	53.6	22.7	23.7	100
Grocery Shopping	35.0	34.5	30.5	100
Money Management	74.7	9.4	15.9	100
Personal Care	89.6	0.4	10.0	100

Source: Alberta Bureau of Statistics: General Social Survey, Health and Social Support, 1985, Alberta. Secondary Data Analysis of Statistics Canada survey.